

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005716

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED FEB 27 1963

Primary Registration District No.

3012

Registrar's No.

25

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Excelsior Springs</u>		Length of stay in 1b <u>135 days</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>615 Spruce Street</u>	
3. NAME OF DECEASED (Type or print) First <u>LAWRENCE</u> Middle <u>L.</u> Last <u>LEAP</u>		4. DATE OF DEATH Month <u>February</u> Day <u>16</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9-12-95</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mail clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	
13a. FATHER'S NAME <u>James Leap</u>		13b. MOTHER'S MAIDEN NAME <u>Mittie McCormick</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes</u> <u>WW I</u>		17. INFORMANT <u>Erma Leap, wife, 615 Spruce St., Kansas City, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia, lobar left lower lobe</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>arterial hypertension, secondary to emphysema & fibrosis of lungs, pulmonary tuberculosis with bronchopleural fistula/thoracoplasty.</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>8:10</u> a.m. <input type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year <u>10-4-62</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Excelsior Springs, Missouri</u>	
21. I attended the deceased from <u>10-4-62</u> to <u>2-16-63</u> Death occurred at <u>8:10</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>L. S. Arany</u> (Degree or title) <u>L. S. ARANY, M.D., Chief of Staff</u>	
22b. ADDRESS <u>VACC, Excelsior Springs Div., Wadsworth, Kansas</u>		22c. DATE SIGNED <u>2-18-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>2-18-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
23d. LOCATION (City, town, or county) <u>Kansas City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-18-63</u>	
24. FUNERAL HOME, ADDRESS <u>Excelsior Springs, Missouri</u>		26. REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	

USE BLACK INK

OR

TYPEWRITER RIBBON

FEB 28 1963

Removal permit issued 2-18-63 CH.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Lindell J. Jarmen

Licensed Embalmer No.

4589

P. O. Address

Emulsion Springs, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.